

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4492ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2010
NAME OF PROVIDER OR SUPPLIER SOLUTIONS RECOVERY - TENAYA		STREET ADDRESS, CITY, STATE, ZIP CODE 2975 TENAYA LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comment The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the Complaint Investigation conducted at your facility on 6/14/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for nine residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was seven. Seven current resident files and eleven discharged resident files were reviewed. Complaint #NV00025291 was substantiated. See Tag K999.	D 000		
DK999 SS=I	Final Comments This Regulation is not met as evidenced by: Nevada Administrative Code 449.0118 Denial, suspension or revocation of license: Grounds (NRS 449.037). In addition to the grounds set forth in NRS 449.160 and any other grounds specifically applicable to a particular license, the Health Division may deny an application for a license or may suspend or revoke a license upon any of the following grounds: 4. Accepting for care, at any given time, more residents than the number specified in the	DK999		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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DK999	<p>Continued From page 1</p> <p>license.</p> <p>Based on record review and interview on 6/14/10, the facility admitted more residents than they were licensed to care for.</p> <p>Findings include:</p> <p>Client #1 : Admitted on 5/3/10 and discharged on 6/2/10.</p> <p>Client #2 : Admitted on 5/20/10 with no discharge date.</p> <p>Client #3 : Admitted on 5/3/10 and discharged on 6/1/10.</p> <p>Client #4 : Admitted on 5/29/10 with no discharge date.</p> <p>Client #5 : Admitted on 5/20/10 with no discharge date.</p> <p>Client #6 : Admitted on 5/31/10 with no discharge date.</p> <p>Client #7 : Admitted on 5/18/10 and discharged on 6/2/10.</p> <p>Client #8 : Admitted on 5/3/10 and discharged on 5/14/10.</p> <p>Client #10 : Admitted on 4/26/10 and discharged on 5/26/10.</p> <p>Client #11 : Admitted on 4/30/10 and discharged on 5/29/10.</p> <p>Client #12 : Admitted on 4/26/10 and discharged on 5/7/10.</p> <p>Client #14 : Admitted on 4/21/10 and discharged on 5/20/10.</p> <p>Client #15 : Admitted on 4/27/10/10 and discharged on 5/25/10.</p> <p>Client #16 : Admitted 4/15/10 and discharged on 5/11/10.</p> <p>Client #17 : Admitted 4/30/10/10 and discharged on 5/13/10.</p> <p>Client #18: Admitted 5/11/10 with no discharge date.</p>	DK999			

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DK999	<p>Continued From page 2</p> <p>Based on a review of the records it was determined the facility was over-census during the month of May 2010 as follows:</p> <p>5/3/10 10 residents - Client #1, #3, #8, #10, #11, #12, #14, #15, #16, #17</p> <p>5/4/10 10 residents - Client #1, #3, #8, #10, #11, #12, #14, #15, #16, #17</p> <p>5/5/10 10 residents - Client #1, #3, #8, #10, #11, #12, #14, #15, #16, #17</p> <p>5/6/10 10 residents - Client #1, #3, #8, #10, #11, #12, #14, #15, #16, #17</p> <p>5/7/10 10 residents - Client #1, #3, #8, #10, #11, #12, #14, #15, #16, #17</p> <p>5/8/10 10 residents - Client #1, #3, #8, #10, #11, #12, #14, #15, #16, #17</p> <p>5/9/10 10 residents - Client #1, #3, #8, #10, #11, #12, #14, #15, #16, #17</p> <p>5/10/10 10 residents - Client #1, #3, #8, #10, #11, #12, #14, #15, #16, #17</p> <p>5/11/10 10 residents - Client #1, #3, #8, #9, #10, #11, #14, #15, #17, #18</p> <p>5/12/10 10 residents - Client #1, #3, #8, #9, #10, #11, #14, #15, #17, #18</p> <p>5/13/10 10 residents - Client #1, #3, #8, #9, #10, #11, #14, #15, #17, #18</p> <p>5/14/10 10 residents - Client #1, #3, #8, #9, #10, #11, #14, #15, #17, #18</p> <p>5/15/10 10 residents - Client #1, #3, #9, #10, #11, #14, #15, #16, #17, #18</p> <p>5/20/10 10 residents - Client #1, #2, #3, #5, #7, #9, #10, #11, #15, #18</p> <p>Severity: 3 Scope: 3</p>	DK999			

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